

TRICARE Europe COMPASS

TRICARE Europe
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Jan-Mar 1999

From the Director.....

What is the ESC and What Is Its Role?

by Col Debra Cerha, USAF
Executive Director, TRICARE Europe

Picture this: You are an employee in a clinic in Southwest Texas, part of a chain of medical clinics in that area of the country, and your company also participates in a health plan for a large employer in that area of the country. You routinely go about your business each day. Periodically, your company's Board of Directors sends you corporate notices/memos

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The TRICARE Europe COMPASS is published quarterly by the office of the TRICARE Europe Lead Agent. If you have questions or concerns, or would like to see specific articles or information in the COMPASS, please contact Sue Christensen, TRICARE Europe Public Affairs Officer, at DSN 496-6315 or commercial (49)-(0)6302-67-6315 or e-mail sue.christensen@sembach.af.mil. Comments and suggestions are always welcome.

TRICARE Europe Breast Cancer Initiative

by LTC Analiza Padderatz, USA
Chief, Prevention and Health Promotion

The TRICARE Europe Breast Cancer Initiative has been energized with the arrival of a Regional Program Coordinator and an infusion of funds from DoD. With renewed funding and new purpose, we expect the newly dubbed "TRICARE Europe Breast Health Program" to be a great success. A position for a Breast Health Nurse Case Manager is being advertised and pending being filled will reside at Landstuhl Regional Medical Center, in the newly opened Wellness Center. In support of the female population on active duty in Europe, the program will offer access to a website, information line, and consultation/education with the case manager and designated MTF POCs. TRICARE Europe has established a BCI working group comprised of tri-Service representatives and local area representatives to include a breast cancer survivor. The BCI Regional Coordinator is putting together a plethora of educational opportunities for MTF staff as well as staffing community activities in support of promoting the program. ■

Personal Health Advisor (Health Care Information Line)

by LTC Analiza Padderatz

The Personal Health Advisor (PHA), TRICARE Europe's health care information line, is available 24 hours a day, 7 days a week to all TRICARE Europe beneficiaries. Access Health, the contractor which provides the health information service, provides data to the TRICARE Europe Lead Agent on the use of the program. Current data shows that during FY 98 this program was underutilized and many beneficiaries were not aware of its existence. TRICARE Europe held a tri-Service working group meeting of selected MTF Personal Health Advisor points of contact in January 1999 to strategically review the program and

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TRICARE Europe Prime Claims

by **Ninette Crunkleton**

Data Analyst, Information Systems & Analysis

Beginning in October 1997, claims for active duty family members (ADFM) enrolled in TRICARE Europe Prime required authorization by their Primary Care Manager for all non-emergency civilian care in countries that have military treatment facilities (MTFs). Currently, approved authorizations are "communicated" to the claims processor (Wisconsin Physician's Service (WPS)) by issuing a non-availability statement (NAS) through MCP/CHCS and/or DEERS by the appropriate TRICARE Service Center. Because the TRICARE program and authorization requirement was relatively new to Europe we expected some claims to be submitted without the authorization.

Denied Claims Report

To provide MTFs with a tool to identify Prime claims submitted without authorizations so they can educate beneficiaries on the program requirements, the TRICARE Europe Office (TEO) generates a weekly electronic report entitled "Denied Claims Report." This report lists by facility all ADFM Prime claims that were denied or processed under the Point of Service Option because no care authorization (NAS) was issued within a country that has an MTF.

Most MTFs received the electronic Denied Claims Report through their respective Service Managed Care Officers. MTFs are asked to research each claim and identify whether the medical care was authorized or not. If the care was authorized, MTFs should annotate this on the electronic report, issue the appropriate authorization (NAS) and return the report to the TEO. This electronic report has a turnaround time of 72 hours to minimize payment delays to the providers. TEO then directs WPS to reprocess/ adjust the claims as needed.

In 1998, over 9,760 Prime claims were received without proper authorization. In January/February 1999 alone, 1,551 Prime claims were received without proper authorization. Approximately 35 out of 53 MTFs actually researched and responded to 751 of the denied claims. It is important for MTFs to educate their beneficiaries on the authorization requirement and for those MTFs to have procedures in place to issue authorizations properly. MTFs have effectively used this report as a tool to reduce and in many cases eliminate claims that are submitted without authorizations and to ensure timely processing of claims that are authorized.

Mrs. Ninette Crunkleton, data analyst, is the TEO contact for this report. She receives the Denied Claims Report every week and distributes it to the Service

Managed Care Officers. When Ninette receives the report back from the MTF's, she electronically updates the list and sends the claims that require payment or adjustment back to WPS.

Mrs. Uli Engel, Customer Services, and Ninette have noticed that quite a few of the requests for Prime claims adjustment received by the TEO are on the Denied Claims Report and have already been sent to WPS for adjustment. These requests create additional work and increase the time it takes to request the claim adjustment. Before sending a CHAMPUS Explanation of Benefits (CEOB) with a Prime claim adjustment request to the TEO, we ask that you please check your Denied Claims Report to verify that this claim has not been previously identified and authorized on the electronic report. If it is not on the report, only then fax the CEOB to Uli.

Authorizations

Before issuing an authorization, please review the NAS history very carefully. Do not issue a new NAS if there is already one on file covering the treatment date(s) regardless of the type of care or provider authorized. Multiple and overlapping NASs for the same beneficiary are unnecessary and cause confusion in the claims processing computer system resulting in claims being denied or processed under Point of Service. ■

KUDOS: TEO sends out a special KUDO and thanks to the Aviano TRICARE Service Center for the best turnaround time for the Denied Claims Report. Nancy Roemer and Brian Smith have been able to consistently turn around the report within 24 hours.

Personal Health Advisor

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come up with more beneficial methods of acquainting the beneficiary community with its proponents. The TRICARE Europe Public Affairs Officer, working with MTF POCs, has recently instituted several marketing strategies to increase awareness of the advice line and its services. Look for spots on AFN TV local and Europe-wide, advertisements at your local commissary, in the community newspaper and the Stars and Stripes. The contractor has recently implemented an International Crisis Call Policy to standardize processes for and ensure compliance with legal regulations regarding the reporting of suicides, homicides, abuse, violent crimes, etc. Your support of the marketing of this outstanding program is definitely needed and greatly appreciated. If you receive comments or complaints about the program, please pass this information to the TRICARE Europe Program Manager, LTC Analiza Padderatz, at DSN 496-6325 or e-mail her at analiza.padderatz@sembach.af.mil. ■

NEW MENTAL HEALTH POLICY

by Lt Col Elizabeth Robison, USAF
Chief, Clinical Operations & UMIQM Management

The TRICARE Europe Executive Steering Committee recently approved a new TRICARE Europe policy for management of the authorization process for TRICARE Europe Prime enrollees for CONUS inpatient mental health care. The new policy, TEO 99-001, was signed by BG Kussman, TRICARE Europe Executive Steering Committee chairperson, on 17 Mar 99 with an implementation date of 3 May 99.

Why change?

This new policy supports the change made to TRICARE Office Operations Manual (OPM), Part Two, Chapter 22, Foreign Claims, which added item III.B.2.a.(6) effective October 1997, as Phase II of the TRICARE overseas implementation process. Additionally, the process aligns with the way business is conducted in CONUS.

What does this policy change?

The change primarily impacts who is allowed to issue an authorization for inpatient mental health care in CONUS for our TRICARE Europe Prime enrollees. The new "agent" for this process will be the Region 3/4 Mental Health Review Contractor (MHRC), Choice Behavioral Health Partnership (CBHP). Those enrolled beneficiaries seeking care in CONUS at an inpatient acute mental health facility, Residential Treatment Center (RTC), Substance Use Disorder Detoxification and Rehabilitation Facility (SUDRF), or through a Partial Hospitalization Program (PHP), must seek preauthorization and continued stay review through CBHP. The referring provider can call the toll-free number during duty hours (EST 0800-1800) at 1-800-700-8646, option "6," then extension 2008 or after hours/weekends/holidays at 1-800-700-8646, option "3." It is important to note the beneficiary is enrolled in TRICARE Europe Prime; otherwise, if the beneficiary is TRICARE Standard, the MHRC will steer the call to the region where the beneficiary is seeking care.

What happens if the MHRC notes the requested level of care will be denied?

Prior to issuing any denial, the Mental Health Care Finder (MHCF) at CBHP will forward the clinical review notes to the CBHP Medical Director, either Dr Proctor or another board-certified psychiatrist. Only the Medical Director (or reviewing psychiatrist) can issue a denial based on medical necessity review for the requested level of care or continued stay at a specific

level of care. If the referring provider believes the denial will cause a premature discharge, where the supporting discharge plan would not be in the best interest of the beneficiary to be released to return to OCONUS, then TRICARE Europe has established an advisory level for the MHRC to go to prior to issuing a denial. TRICARE Europe has three Mental Health Advisors, one from each Service, to represent the OCONUS issues to the MHRC Medical Director if there is a concern from the referring provider. This peer-to-peer discussion will provide a forum where a senior board-certified psychiatrist in the theater can ensure the discharge plan will be supported in the OCONUS environment prior to returning a beneficiary to OCONUS. If the beneficiary is not returning to OCONUS, the military Mental Health Advisor will ensure that military concerns are addressed prior to discharge (example – beneficiary needing continued stay at an RTC while the family gets reassigned to CONUS and sets up continued care with the contractor for that region). If a denial is issued by the MHRC, the beneficiary has the same appeals rights as the TRICARE program in CONUS and the MHRC will provide the beneficiary/family with specifics on requesting an appeal of the denial.

What is required by the MTF?

Key players within the MTF should be aware of the policy change to ensure smooth implementation. Some of the personnel who need to be familiar with this policy, which will be disseminated through the Services, include managed care office personnel, health benefit advisors, TRICARE Service Center staff, mental health professionals (both within the MTF and civilian providers), and any personnel who might be involved with managing claims issues. To ensure a claim is processed smoothly, if the beneficiary is seeking the type of care noted above, authorization will need to come from the Region 3/4 MHRC. If this is not noted on the claim, the claim will be denied. If the referral for mental health care is received from a civilian provider, the MTF can assist the provider and beneficiary in the process of obtaining authorization.

Who is the point of contact for questions at the TRICARE Europe Office?

For clinical issues/Clinical Support Services: Lt Col Elizabeth Robison at DSN 496-6324 or commercial 06302676324 or e-mail elizabeth.robison@sembach.af.mil.

For administrative issues/Customer Support Services: DSN 496-6320; temporarily managed out of the Health Plan Evaluation section by Mr. Martin Hollingworth at DSN 496-6319 or commercial 06302676319 or e-mail: martin.hollingworth@sembach.af.mil. ■

ESC

Continued from page 1

providing information, guidance, or specific direction on how to change or improve your daily activities and also receive specific information relevant to the health plan you support. Nothing out of the ordinary, right? It's the same way many medical corporations operate each and every day.

Now, transport that same clinic to Germany (or Italy, the UK or Turkey) and make it a military clinic. Your "company" (Army, Navy, or Air Force Medical Services) also participates in a health plan (TRICARE) for a large employer (DoD) who has divided responsibilities on a regional basis—in Germany you fall under the TRICARE Europe Regional Office. So, when you receive information/guidance relevant to the health plan, it comes from the regional board of directors. The Board of Directors for the TRICARE Europe Health Plan is the Executive Steering Committee (ESC).

The composition of the ESC is representative of the individual companies (Army, Navy, Air Force) the medical facilities belong to and also of the customers it serves (MTFs, EUCOM, medical beneficiaries). Through this representation, the Health Plan attempts to insure equity and uniformity to the various customers it supports/serves. The ESC has a chairperson, like the corporate president or chairman of the board of directors, who leads the group through decision-making processes.

As you can see below, the ESC includes the commander of each Service medical command in our theater of operations. These commanders (who are also physicians) bring their unique Service perspectives

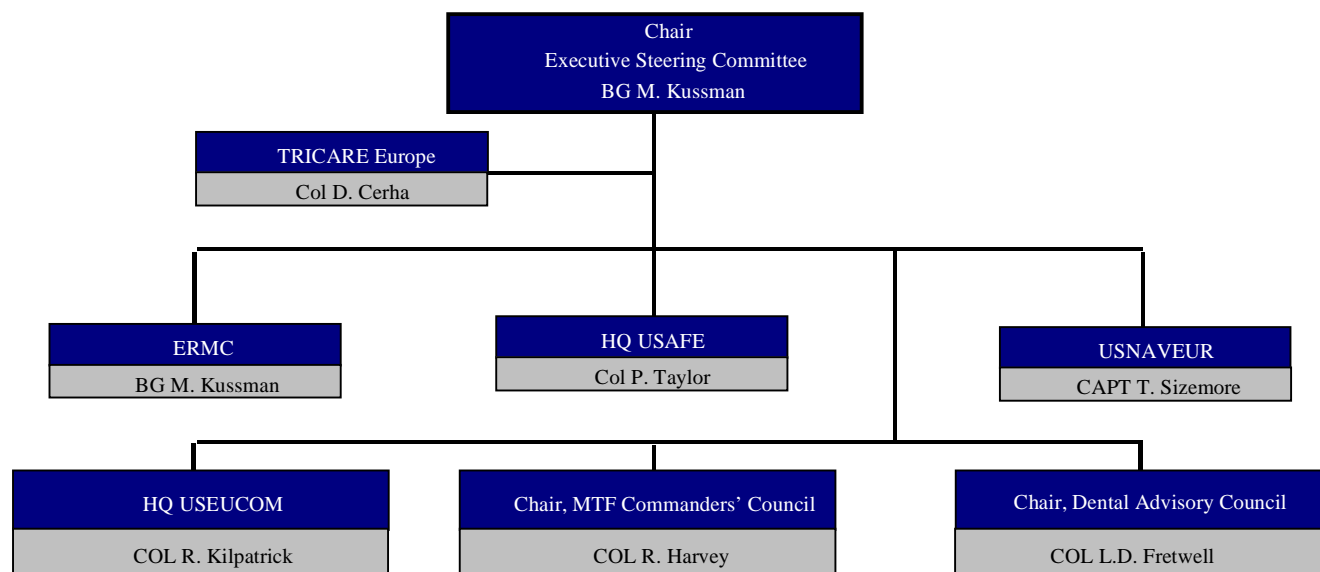
to the TRICARE issues that come up. The ESC also includes the director of the TRICARE Europe Office, the Chair of the Military Treatment Facility Commanders Council (MTFCC) and the Chair of the Dental Advisory Council (DAC). Interaction among the members on this committee produces a consensual and unified approach to the delivery of services to our beneficiaries. The ESC has three primary roles:

1. To provide guidance & oversight for the TRICARE Europe Health Plan
2. To validate the activities of the TRICARE Europe Office
3. To assist in facilitating operations (e.g. helping to resolve Service-specific issues, facilitating interaction with MTFs).

As with other corporate boards, the impact of the ESC on you and the TRICARE Europe Health Plan may appear somewhat distant and irrelevant—let me assure you, it is not. Using our analogy of a corporation, the "stockholders" of the TRICARE Europe Health Plan are our 300,000+ beneficiaries (which include Line Commanders!) and the staffs of every military medical/dental facility throughout the theater. Comparing the ESC role to that of a civilian corporate board of directors, the ESC is accountable to these individuals/groups. The ESC must carefully balance the needs of these diverse groups as it addresses policy issues and fiscal limitations imposed on the health plan and assesses the impact on various customers. The article on page 3 is an excellent example of how the ESC makes decisions that affect our Health Plan and improves services to our "stockholders."

The chart below identifies the individuals currently serving as the "Board of Directors" for the TRICARE Europe Health Plan. ■

TRICARE Europe Governance



Y2K Overview

by Capt Dave Arose, USAF

Director, Information Systems & Analysis

Many of you have heard of it, but do you really know what Y2K stands for? Y2K stands for Year 2000 bug (otherwise known as the millennium bug) that exists from older computer systems that used a two digit field for storing year information. By storing only two characters, when the year changes from 1999 (or "99") to the year 2000 (or "00"), older systems MAY think that the year "00" is earlier than "99." The media has reported this problem in various degrees; some in terms like "inconvenience" and "minor headaches" to terms like "catastrophic" and "widespread devastation." The important thing to address is what impact the "Y2K" bug may have on the TRICARE Europe theater.

Potential Impact on TRICARE Europe

Although no one knows precisely what will happen next January 1st, many experts now agree that Y2K related problems will cause *localized* failures of basic services—utilities, water, billing systems, etc.—that are broadly referred to as "infrastructure." Our concern at TRICARE Europe is the infrastructure as it relates to our local national providers. Be on guard for potential problems that can occur on or around the 1st of January, particularly with regard to any financial statements, billings or time sensitive biomedical equipment and plan for failure (have a contingency plan). A good rule of thumb is to ask your local national providers whether they have addressed the Y2K problem and whether they meet Y2K compliance.

The TRICARE Europe office has tested the Y2K problems on their equipment using the Y2K test applications located at www.pcmag.com/y2k and www.zdnet.com/zdywk. These applications check a PC for the Y2K bug and will report on any potential problems.

To tackle the job of assessing Y2K risks to your business, follow these basic guidelines:

- Inventory all hardware and applications
- Assess the business risk of those systems
- Test systems and software for Y2K compliance.
- Determine and prioritize which systems will be fixed or replaced.
- Test, test, test to make sure your fixes worked.

If you need further information about the Y2K problem, please refer to the following web sites:

- www.y2knews.com
- www.year2000.com

- www.mitre.org/research/y2k
- www.yardeni.com
- www.y2kprep.com
- www.house.gov/reform/gmit/y2k/ ■

TRICARE Europe is now in its new location at Sembach AB, Germany. Our new phone number is DSN 496-6312/6314 or commercial (49)-(0)6302-67-6312/6314. Our web site is still at webserver.europe.TRICARE.osd.mil. Our generic e-mail address is teo@sembach.af.mil.

Air Force Health Survey

contributed by Maj Steve Hill, USAF

HQ USAFE/SG

The TRICARE Europe Office has received a number of calls recently from people who have gotten telephone calls asking detailed questions about their health care. They wondered if this was a legitimate survey. It is! The following is extracted from an Air Force Public Affairs news release:

The Air Force Surgeon General has contracted with Information Transfer Systems, Inc. (ITS) of Ann Arbor, Mich., to conduct the United States Air Force Health and Risk Factor Survey (HRFS) to members worldwide by telephone.

The survey asks questions about health problems, the need for new health-related services and programs, the recent use of military and non-military medical services, perceptions of the quality of care, and personal behaviors that can increase the risk of illnesses, injuries, disease, and disability. Although some of the questions are quite personal in nature, members are guaranteed that their answers will be kept strictly confidential.

Potential respondents are being contacted by telephone at work, or at home if they cannot be reached at work. Participation is entirely voluntary, but randomly selected personnel are encouraged to participate since no one can take their place and the results will not be accurate without high participation rates. The interview takes approximately 25 minutes to complete.

For more information on the survey, see:

Health Risk Factor Survey Homepage:

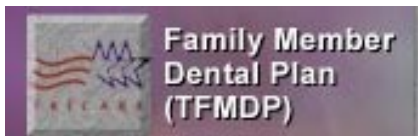
<http://pestilence.brooks.af.mil/Projects/HRFS/HRFS.cfm>

Frequently Asked Questions:

<http://pestilence.brooks.af.mil/Projects/HRFS/HRFS-FAQ.htm>

Public Affairs Release:

<http://pestilence.brooks.af.mil/Projects/HRFS/HRFS-PA-Release.htm> ■



TRICARE Family Member Dental Plan Comes to Europe

by Sue Christensen

TRICARE Europe Public Affairs

You've been hearing about it for some time now and it's finally here. The TRICARE Family Member Dental Plan (TFMDP), provided by United Concordia Companies Inc (UCCI), is being expanded to cover enrolled military family members at all overseas locations.

Beginning May 1, 1999, family members that have enrolled in the program and live in "remote" overseas locations may receive dental care from overseas providers for covered dental services. Then on October 1, 1999, TFMDP coverage will begin for enrolled family members in "non-remote" overseas locations.

"Remote" overseas locations are those countries where the uniformed services have no military dental treatment facilities. "Non-remote" locations are those countries where the uniformed services have military dental treatment facilities. Family members can still receive dental care in overseas dental treatment facilities. However, this care is subject to the availability of space and facilities and the capabilities of the dental staff. Dental staffing is not expected to change under this program.

Following are some specifics on the overseas program:

- Enrollment in the TFMDP is completely voluntary. Family members' enrollment in the program will be automatically extended as they move to an overseas location; no additional applications or procedures will be required. Eligibility rules and benefits will also remain the same (although some services may not be available in some overseas locations). Members must contact their personnel office to cancel enrollment if they do not wish the coverage during their overseas tour.
- Premiums will not change for the TFMDP overseas extension. Currently, premiums are \$8.09 for one enrolled family member, and \$20 for a family that has more than one member enrolled.
- As an added benefit for overseas family members, the government will pay the enrollee's cost-share for some non-orthodontic services. Enrollees will continue to be responsible for the cost-share for

orthodontic, prosthodontic and other restorative (crowns, onlays, buildups, posts and cores, etc.) services.

- As with the state-side dental plan, once an enrollee's maximum benefit (annual \$1,000; lifetime, for orthodontic care, \$1,200) has been exceeded, he or she will be responsible for the full cost of any additional services received. The annual maximum benefit per enrolled family member is based on the "contract year," Aug. 1 through July 31.
- If overseas enrollees return to the continental U.S. service area to seek dental care, continental U.S. dental benefits procedures will be followed for processing claims.
- Uniformed services sponsors must have a minimum of 24 months of active-duty service remaining to enroll their family members in the TFMDP. An exception for overseas members allows them to enroll if returning to CONUS with 12 months of service remaining. Retired service members and their families and inactive reserve/guard members and their families are not eligible for the TFMDP.
- Individuals in non-remote locations should contact their servicing dental treatment facility (DTF) before seeking dental care. A point of contact (POC) at the DTF will be able to assist them with information on the dental program, claims processing or civilian care authorizations. Remote site personnel may contact their medical POC for assistance with dental program information.
- Authorizations and referrals are required for all dental care in non-remote overseas locations. For beneficiaries in remote locations, referrals are required only for orthodontic care.
- Prior to seeing host-nation dental providers, beneficiaries must first verify their enrollment in the TFMDP through DEERS information and the AD member's prepaid payroll deduction on their leave and earnings statement (LES). Their dental POC can help with verification of enrollment.

If you have any questions on the overseas family member dental plan, please contact your POC, servicing TSC, or TRICARE Europe at 49-(0)6302-67-6312/6314 or DSN 496-6312/14. General information can be found on the United Concordia web site at <http://www.ucci.com>. You may also contact UCCI at 1-800-866-8499 or (717) 975-5017, Monday through Friday, from 0300-2000 EST or e-mail them at fmdpoconus@ucci.com. The UCCI web site includes copies of TFMDP forms. ■

TRICARE Europe Marketing Update

by Sue Christensen
TRICARE Europe
Public Affairs



The TRICARE Europe Marketing Office has been busy lately, working hard to get new and updated marketing products out to your facilities. In January, your TRICARE Service Centers (TSCs) received boxes of brochures and flyers, including the revised TRICARE Prime ID cards and updated TRICARE Europe Fact Sheets. Also in January, we sent out the new Remote Site Passports to the facilities handling remote site enrollments and claims processing. We are currently updating the listing of remote site areas of responsibility; they will be listed on the reverse side of a new TRICARE Europe fact sheet on remote site health care.

Ordering Marketing Materials

April is the month that the Marketing Office will place orders for new marketing materials with the contractor. Make sure to submit any changes in your passports along with your requirements for the next six months for marketing products such as:

- Facility Passports
- Remote Site Passports
- Prime ID Cards
- Personal Health Advisor Packets
- TRICARE brochures/tri-folds:
 - "Everything you wanted to know about TRICARE" (for active duty family members) (Jun 97)
 - "TRICARE and Your Health Care Choices" (For Retired Military and their Families) (Jun 97)
 - "Your Military Health Plan" (Jan 98)
 - "TRICARE Made Simple"

Remember to order the following products directly from the TRICARE Europe Einsiedlerhof Office:

- Enrollment Forms
- Transfer/Disenrollment Request
- Prime Change Request Form

National Mail Order Pharmacy materials may be ordered directly from Merck-Medco. They have a new brochure out that is dated 1998 – the TRICARE Europe office will be sending a small supply to each TSC. Future quantities may be ordered from the company at 1-800-903-4680 Monday-Friday, 0800-2400 EST.

With the advent of the new TRICARE Family Member

Dental Plan (TFMDP) – Overseas Extension, we are developing a number of products for beneficiaries, including a TRICARE Europe fact sheet, a standard news article for inclusion in your local news media, and a TRICARE Europe TFMDP tri-fold brochure. In addition, the TRICARE Management Activity (TMA) Marketing Office and United Concordia will be sending you other TFMDP materials, including benefit pamphlets and tri-fold brochures, in the near future.

TRICARE Europe Video

The new TRICARE Europe video has been produced and is being sent to each facility. Each facility will receive three copies of the video to use in their beneficiary education programs, including in-processing briefings, spouse orientations and other events. AFN Europe is airing the video periodically and is working to develop some TRICARE spots from the video. Watch for these and other new TRICARE advertisements on your local channel. Should you ever view something on TRICARE on AFN that is incorrect, please note the following details and report it to the TRICARE Europe Office: date and time you saw the report, subject of the report, information you feel is incorrect or misleading. The TRICARE Europe Office will review the material and ask that it be removed from the schedule if it is incorrect. ■

TRICARE MANAGEMENT ACTIVITY TRAINING

by Jenny Huntsman

Data Analyst, Information Systems & Analysis

Do you need more information on civilian medical claims history? Members of the TRICARE Europe office received TRICARE Management Activity (TMA) Reporting tools training during the week of April 5-9. Training was provided on extracting valuable claim information from the Care Detail Information System (CDIS) housed in Mechanicsburg, PA. CDIS provides access to information stored in several CHAMPUS databases. Information on Health Care Service Records and Health Care Provider Records can be extracted by using the application Visual Express. CDIS Express, an application based on Visual Express, also provides "canned" reports on detail and summary data based on claims, providers, and sponsor/beneficiary information.

Training was provided for both Visual Express and CDIS Express and the software is now installed at the TRICARE Europe Office. Army and Air Force Managed Care Officers have access to the same systems and have also received the software installation update. The TRICARE Europe Health Plan Evaluation office can provide additional support. Call DSN 496-6319 for any data requests. ■

TRICARE Europe Mission

by Col Debra Cerha, USAF

Executive Director, TRICARE Europe

Many of you are familiar with Steven Covey, author of *"The Seven Habits of Highly Effective People"* and many other notable books. While the book is devoted to individual effectiveness, the habits and principles he provides are easily translatable to organizations. One of the habits that I find particularly useful in both my home and work life is Habit 2, the "Habit of Personal Leadership, *"Begin with the End in Mind."*

So, as I began my journey of understanding the role of the TRICARE Europe Office, I asked the question, what is our ultimate product...what do we aspire to? That question began a strategic planning process for all of us in the TRICARE Europe Office that I believe has helped us improve our focus, and to better understand our roles in relationship to our various customers. Our vision, mission and goals have been formally approved by the Executive Steering Committee (related story on page 1). I would like to now share them with all of you.

TEO VISION/MISSION/GOALS

VISION: Provide a World Class Health Plan for Beneficiaries in our Theatre of Operations

MISSION: Design and Administer a Health Plan with Unparalleled Performance, enhancing quality, access and value to our customers

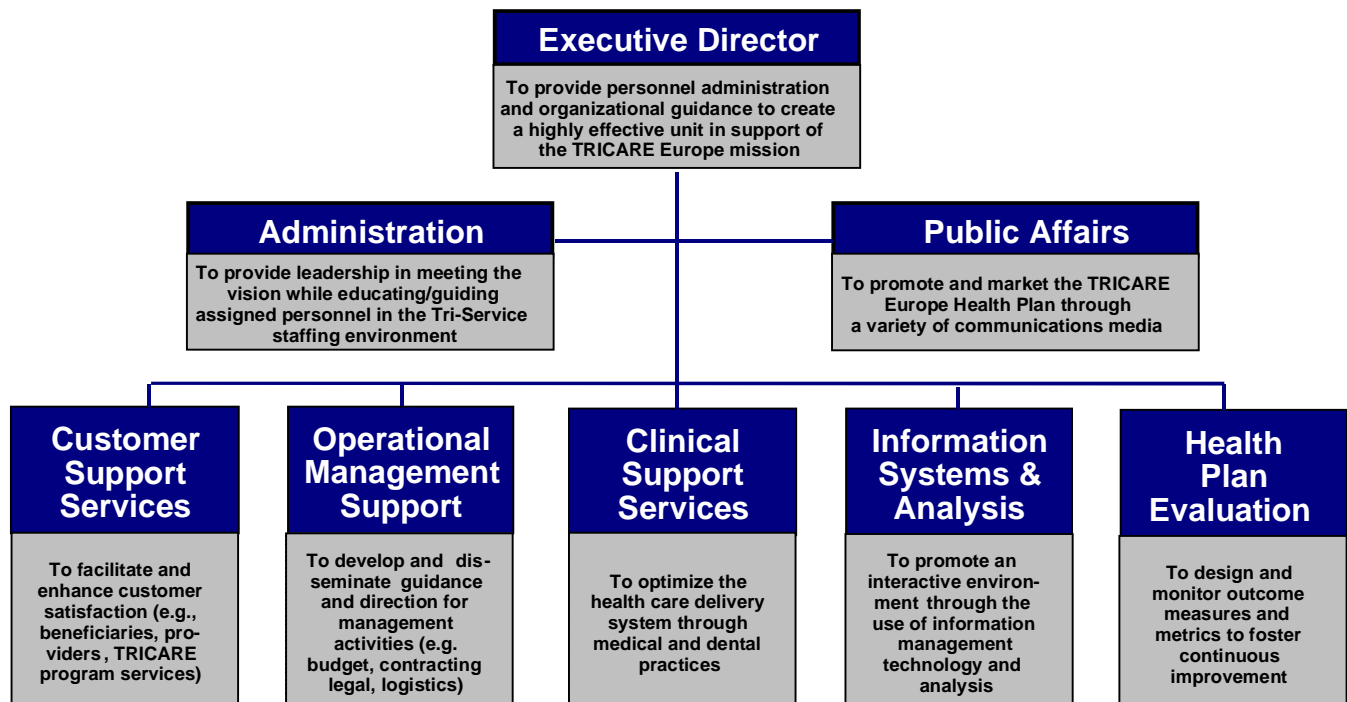
GOALS:

- Standardization & Uniformity of the Health Care Benefit
- Focus on the Customer
- Enhance Integration of Prevention and Health Promotion

The vision may look familiar to you—and it should! It is similar to what you will find as the vision for all of us in the regional health plan ("Health care professionals teaming with customers to build healthier military communities throughout Europe through world-class medical and dental support services."). These visions should be complementary—the regional vision is a bit broader and has more of a health care delivery focus. The TEO vision is intentionally directed toward building a health plan—focusing on organizational structure and management type processes. While it may seem like a fine distinction, we find that it brings us more focus as we work through our daily operations. Additionally, our vision identifies "theatre of operations" so as to be inclusive of those countries outside central Europe (e.g., Africa, Saudi, Iceland) that are within our area of responsibility.

In the months and years to come, we hope you will see some visible ways that we are working to achieve our vision—and in the process, meeting our goal of focusing on the customer—YOU! ■

TEO Organizational Structure



TRICARE DIRECTOR'S "IMPERATIVES" PROVIDE STRATEGIES FOR SUCCESS

excerpted from TMA News Release No. 99-9/P6

TRICARE Management Activity's (TMA) Executive Director Dr. James Sears recently released a list of seven "imperatives" that encompass TRICARE's major challenges:

1. Make TRICARE work in support of readiness
2. Surpass members' expectations and be their preferred health plan
3. Move smartly to a healthy population by providing the highest quality care
4. Move smartly to best business practices and be competitive
5. Optimize MTF capacity and recapture care
6. Work as a tri-service team with contractors as teammates
7. Be recognized as the world's leading integrated health system.

"Our first imperative," he states, "is to make TRICARE work in support of military readiness. We have made many improvements in TRICARE this year, and we must continue to make the necessary changes to assure that we can meet our wartime mission. It is gravely important that we succeed. Anything less will threaten the continuation of the military health system. It will hinder our ability to keep our troops in good health and excellent physical condition, and to provide medical care on the war front when necessary."

Some imperatives intertwined. In order to "surpass beneficiaries' expectations so that TRICARE becomes their preferred health plan," TMA must simultaneously "move smartly to population health by providing the highest quality care, move smartly to best business practices to be competitive, and optimize MTF capacity and recapture care."

"This means providing superior customer service, helping beneficiaries stay healthy and helping them obtain excellent medical care when they need it. Many of our beneficiaries have a lot of options these days," said Dr. Sears. "By choosing TRICARE, they are getting the best care at the lowest cost to themselves, and they are helping to assure the survival of the military's direct care system."

To improve beneficiaries' satisfaction with TRICARE, Dr. Sears is challenging managers in the military health system and their contract partners to recognize all the ways they can help make the program better. "We will make enrollment easier and more accurate, we will improve access to appointments at MTFs, we will re-engineer claims processing and we will make the primary care concept a reality in the coming months."

"We must be the best. We have to make full use of the capacity in our military treatment facilities. This means offering a broad spectrum of services and the highest quality care throughout the various regions of our health care system. It means that we must provide managed care instead of episodic care, and efficiently manage our health care resources. We must maximize our resources by partnering with our civilian contractors."

"As TRICARE zealots, we need to become impassioned about our health care program. We can empower our beneficiaries to improve the quality of their lives by encouraging them to embrace and use TRICARE," said Dr. Sears. ■

Claims Hassles Should Fade With TRICARE Fixes

*excerpted from article by Douglas J. Gillert,
American Forces Press Service*

Claims problems reported by patients and providers aren't likely to recur after administrative changes on tap for TRICARE take effect.

Most of the problems have occurred in new TRICARE regions, according to Tom Osoba, director of operations in the TRICARE Management Activity's Aurora, Colo., office. Those problems have included confusion over cost shares, deductibles and authorizations for specialty care, he said.

"There's quite a bit of action being taken," he said. "We have begun more than a dozen initiatives, including less DoD oversight and more contractor responsibility for the claims process. We've asked the contractors to tell us how they manage their non-DoD, commercial claims. When we see that these business practices work, we will authorize them to institute these best business practices within TRICARE."

Simplifying claims processing will get jump-started June 1 with implementation of the first of four phases, according to Mike Carroll, chief of the office of program requirements in Aurora. Then, TRICARE will implement several changes to "make life easier for clinicians and patients," he said. "We're deliberately shifting the focus from military specification requirements to making the provider and beneficiary satisfied with the process."

Besides allowing contractors to determine the best way to process claims, TRICARE will change the cycle time for claims— from 75 percent of all claims processed in 21 days to at least 95 percent of all claims without mistakes in 30 days—the commercial standard. If the claims processor doesn't pay the claim in 30 days, it will be charged interest each day, money that goes back to the provider. "If they aren't as prompt on paying a doctor's claim, he's going to get more money," Carroll said. This improvement will occur in the second phase and should begin in about six months, Carroll said.

The third phase will deal strictly with mental health issues. Phase four deals with legislative issues and limitations.

"This is a huge program change that will encourage providers to join our networks," he said. "It also will better satisfy beneficiaries by removing burdensome requirements."

"When we move into a new round of contracts, it will take this several steps farther and capitalize on what the industry has learned in terms of speed, accuracy and customer satisfaction," Carroll said. "We want to capitalize on that and give our TRICARE beneficiaries the services they deserve." ■

TRICARE EUROPE EXECUTIVE STEERING COMMITTEE

Brig Gen Michael Kussman (Chair)Commander, ERM
Col Peach Taylor, Jr.Command Surgeon, HQ USAF
CAPT R. Tom Sizemore IIIFleet Medical Officer, CINCSNAVEUR
Col Debra CerhaDirector, TRICARE Europe Office
COL Russ Kilpatrick.....Command Surgeon, HQ USEUCOM/ECMD
COL Robert Harvey.....Chair, MTF Commanders Council
COL L. Darwin Fretwell.....Chair, Dental Advisory Committee

TRICARE EUROPE STAFF CHANGES

Terry Rowe arrived in Mar 99 from LRMC SWSMIS/STORC Development Team to replace Al Petrmichl as data analyst for TRICARE Europe Information Systems group.

Jenny Huntsman, a Data Analyst with EDS, arrived in Mar.

Dawn Mancine, Medical Service Coordinator, arrived in April to work with Customer Services.

Maureen Sherman came to TRICARE Europe in Nov 98 to manage TRICARE Europe's new Breast Health Program.

LCDR Gerri Haradon made the move from Rota, Spain to TRICARE Europe in Feb 99 to head up the Customer Services Division.

Ursula Mendoza and Lucia Ellermets departed TRICARE Europe in Mar 99 for positions in the Heidelberg area.

TRICARE EUROPE OFFICE STAFF

Col Debra Cerha
Christine Ribble
SFC Grace Coronado
SFC Sherry Mason
SPC Bill Thaxton
CAPT Maureen Hogan
LTC Kathleen North-Wilhelm
CDR Dennis Stoops
Lt Col Elizabeth Robison
LTC Analiza Padderatz
MAJ John Foley
LCDR Gerri Haradon
MSGT Kim Lofgren
Sue Christensen
Capt Dave Arose
Terry Taylor
Kurt Gustafson
Terry Rowe
Ninette Crunkleton
Jenny Huntsman
Martin Hollingworth
Ulrike Engel
Maureen Sherman
Dawn Mancine

Director, TRICARE Europe
Executive Secretary
Chief, Administration
Administrative Services
Administrative Services
Director, Clinical Support Division
Acting Medical Director
Director, Health Plan Evaluation
Chief, Clinical Ops & UM/QM Mgmt
Chief, Prevention & Health Promotion
Director, Operational Mgmt Support
Director, Customer Support Services
Sr Enl Advisor & Customer Services
Public Affairs Specialist
Director, Info Systems & Analysis
LAN Administrator
Web Administrator
Data Analyst
Data Analyst
Data Analyst
Health Plan Evaluation
Customer Support Services
Breast Health Program Coordinator
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